

REQUEST FOR APPROVAL OF AN INTERNATIONAL ELECTIVE

*Request must be made **at least 2 months** prior to the elective

*International electives are expected to be **2 working weeks in length** (70 hours)

* **Pre-departure training** is a mandatory requirement for international electives

Name of Student: _____

MD: _____ Student Number: _____ Email: _____@uottawa.ca

Start Date: ____/____/____
 YYYY MM DD

End Date: ____/____/____
 YYYY MM DD

Supervisor (MD)'s Name and Title: _____

Department and/ or Organization where the elective will take place:

Complete address of the location where the elective will take place:

Title/Specialty of the Elective: _____

Clinical Elective: _____ or Research Elective: _____

Risk Factors: (or attach document of the risk factors)

Is this your first international elective: YES NO

If NO, please specify where elective was done: _____

Have you completed the required Pre-Departure Training: YES NO

Complete address of where will you be staying during this elective period:

What are your objectives: _____

How can we reach you in an emergency?

Please list your emergency contact

STUDENT MUST RETURN FORM TO:

Electives Coordinator, Undergraduate Medical Education, 451 Smyth Road, Room 2046, Ottawa, ON K1H 8M5

elective@uottawa.ca

Revised May 2019

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

I, _____(Print Name), the undersigned student registered in a residency program, at the University of Ottawa, Faculty of Medicine, have voluntarily chosen to undertake an international clinical elective to fulfill part of the requirements of the Program **AND I THEREFORE STATE AS FOLLOW:**

1. **I SHALL**, at my own expense, arrange for the following:
 - ✓ locate a clinical agency outside of Canada who will accept me in a clinical elective;
 - ✓ all travel documentation or other documentation required for an international clinical elective;
 - ✓ transportation to and from the country in which the international clinical elective is to take place;
 - ✓ accommodation in the country in which the international clinical elective is to take place;
 - ✓ any personal injury, health or other insurance coverage that may apply to me

2. **I AM AWARE** of the possibility of personal risks due to my undertaking the international clinical elective including the exposure to foreign diseases, different legal and cultural standards and freely accept and fully assume all risks, dangers and hazards.

3. **I AM ALSO AWARE** that clinical agencies require students to be immunized before accepting them in a clinical elective; that I will inform myself of the appropriate immunizations for the international clinical elective and obtain such immunizations at my expense prior to starting the international clinical elective.

IN CONSIDERATION of my voluntary choice in undertaking an international clinical elective and recognizing that I chose the international clinical agency and that the Faculty and/or the University of Ottawa can not fully screen the international clinical agency nor the conditions under which I will be working, **I FURTHER AGREE AS FOLLOWS:**

4. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the University of Ottawa, its directors, officers, employees, students, volunteers and other representatives (hereinafter collectively referred to as the **University**) arising from the international clinical elective and other associated activities;

5. **TO RELEASE** the University from any and all liability for death or any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from the international clinical elective due to any cause whatsoever;

6. **TO INDEMNIFY** the University from any and all liability for any personal injury to, or death of, myself, arising from the international clinical elective;

7. **THAT THIS DOCUMENT** shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

Completed in Ottawa this _____ day of _____, 20_____

I have read and I understand its content and I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the University.